



Scholarship Application Form

Please complete this form in block letters.

Separate application forms are required if you would like to apply for more than one scholarship.

SECTION A – PERSONAL DATA

1. Name

First Name	Middle Name	Surname
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2. Permanent address

Mailing address (if different from permanent address)

3. Contact information

Home Phone	Mobile Phone
Primary e-mail	Alternate e-mail

4. Gender

5. Date of birth (dd/mm/yyyy)

<input type="checkbox"/> Female <input type="checkbox"/> Male	/ /
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6. Identification information

Country of Birth	Country or Countries of Citizenship
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If you are a national of Trinidad and Tobago, please state:

Passport Number	Expiration Date
Personal Identification Number (PIN) from your Birth Certificate	

7. Marital status

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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8. Next of kin or emergency contact

Name	Relationship	
Address		
Home telephone	Mobile telephone	Work phone
Primary e-mail	Alternate e-mail	

9. Employment information

Profession/Occupation	Name of employer
Work Address (if applicable)	
Work Telephone No.	Work e-mail

Are you employed with the Government of Trinidad and Tobago? ☐ Yes ☐ No. If Yes, please indicate in which capacity:

<input type="checkbox"/> Established Post	<input type="checkbox"/> Public Officer - On Leave on the grounds of Public Policy	<input type="checkbox"/> Daily rated	<input type="checkbox"/> Contract Officer
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SECTION B – SCHOLARSHIP

Separate application forms are required if you would like to apply for more than one scholarship.

Please indicate your choice of scholarship.

1. Name of scholarship:

2. Field of study:

SECTION C – PROPOSED PROGRAMME OF STUDY & FINANCIAL AID INFORMATION

1. Level of programme

- ☐ Certificate
 ☐ Diploma
 ☐ Bachelor's Degree
 ☐ Postgraduate Diploma
☐ Master's Degree
 ☐ Doctorate
 ☐ Fellowship

2. Method of instruction

- ☐ Taught
 ☐ Research
 ☐ Online
 ☐ Distance Learning

3. Duration of Programme

- ☐ 1 year
 ☐ 2 years
 ☐ 3 years
 ☐ 4 years
 ☐ Other:

4. Institution of study

Name of Institution	
Address	
Telephone Number	Fax Number
E-mail	Is this school GATE-approved (if local)?

Have you applied to this programme?

☐ Yes ☐ No

Have you been accepted for the next academic year?

☐ Yes ☐ No

If so, please indicate your expected start date.

Month	Year
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Are you awaiting acceptance?

☐ Yes ☐ No

Are you enrolled in this programme?

☐ Yes ☐ No

If yes, in which year?

Proposed graduation date

5. Have you sought/received funding from any of the following agencies:

- ☐ Ministry of Science, Technology and Tertiary Education Higher Education Loan Programme (HELP)
☐ Ministry of Community Development, Culture and Gender Affairs Bursaries
☐ Ministry of Health Bursaries
☐ Tobago House of Assembly Bursaries or Scholarships
☐ Other

[illegible]

2. Vocational Level

Date		Institution	Examining Body/Level	Programme/Area of Study	Qualification obtained
From (mm/yyyy)	To (mm/yyyy)				

3. Tertiary Level

Date		Institution	Examining Body/Level	Programme/Area of Study	G.P.A.
From (mm/yyyy)	To (mm/yyyy)				

4. Other Professional Qualifications

Date		Institution	Examining Body/Level	Programme/Area of Study	Qualification obtained
From (mm/yyyy)	To (mm/yyyy)				

SECTION E

1. Standardised tests (if applicable)

Applicants wishing to study in the United States and the United Kingdom are often required to take standardised exams for admission.

Please give the following information for the tests you have taken.

Test	Date	Total Score
GRE		
GMAT		
SAT		
MCAT		

Test Scores (if English is not your native language)

Test	Date	Total Score
TOEFL		
Other		

2. Language ability

Please rate your levels of competence in reading, writing and speaking Standard English and any other languages. State whether you regard your capability as excellent, good, fair or poor.

LANGUAGES	READING	WRITING	SPEAKING
1. STANDARD ENGLISH			
2.			
3.			

SECTION F

1. Employment record

Please list any employment held to date, starting with the most recent.

Date		Job Title/Activity	Employer/Organisation	Main Tasks/Responsibilities
From (mm/yyyy)	To (mm/yyyy)			

2. Other Information

Please state briefly any other information that you feel may support your application.

SECTION G – DISABILITY / SPECIAL NEEDS:

1. *Scholarship programmes administered by the Government of the Republic of Trinidad and Tobago do not discriminate on the basis of race, colour, religion, sex, or physical impairment.*

2. Do you have a disability? ☐ Yes ☐ No.

If yes, please give details in the lines below.

SECTION H – DECLARATION AND SIGNATURE

I hereby certify that the information that I have provided is accurate. I understand that any misrepresentation on my part may result in the rejection of my application by the Ministry of Public Administration.

Signature of Applicant

Date

Month

Year

Please note:

1. Copies of the following documents must accompany this application form:
 - I. Birth Certificate
 - II. Academic Certificates
 - III. Passport: include copies of relevant biodata pages only. If not available, include any other form of national picture ID
 - IV. Curriculum Vitae
 - V. Plan of Study (only in instances of postgraduate study)
 - VI. Letter of acceptance from the academic institution
 - VII. Letter of Accreditation (where applicable)
 - VIII. Release letter from the Ministry where you are employed (public officers only)
2. Two references, one of which **should** be from the School or College last attended by the Student. These must be forwarded under sealed cover directly to the under-mentioned address.
3. Transcripts **must** be issued directly from the institution attended and must be mailed under sealed cover directly to the under-mentioned address.

The Permanent Secretary

Ministry of Public Administration
 Scholarships and Advanced Training Division
 5th Floor, National Library Building
 Corner Hart and Abercromby Streets,
 Port of Spain

FOR OFFICIAL USE ONLY

DOCUMENTS RECEIVED

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|--|---|
| <input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Academic Certificates
<input type="checkbox"/> Passport
<input type="checkbox"/> Curriculum Vitae
<input type="checkbox"/> Plan of Study
<input type="checkbox"/> Letter of Acceptance
<input type="checkbox"/> Letter of Accreditation
<input type="checkbox"/> Release letter | <hr/> <p>Documents checked by (Signature)</p> <hr/> <p>Date</p> |
|--|---|